



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>148779</b>		2. Exact name of the limited liability company <b>RCMM PROPERTIES, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To engage in any business permitted LLC's under the Act.</b>			
5. Principal office address <b>23 RIMWOOD DRIVE</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	
Contact Name <b>RALPH MANGIARELLI JR</b>		Contact Title <b>MEMBER</b>			
Street Address <b>23 RIMWOOD DRIVE</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	
Manager Name <b>RALPH MANGIARELLI JR</b>		Manager Name			
Street Address <b>23 RIMWOOD DRIVE</b>		Street Address			
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**

**FILED**

SEP 21 2015

BY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Ralph Mangiarelli Jr* *9-15-15*  
 Signature of Authorized Person Date

**RALPH MANGIARELLI JR**

Print or Type Name of Authorized Person